

TOWN OF CHERAW

200 Market Street (P.O. Box 219) • Cheraw, SC 29520 • 843.537.8400



ZONING AMINISTRATOR'S ACTION APPEAL APPLICATION

OFFICE USE ONLY:

Date Received: _____ By: _____ Fee: \$75

Please print clearly. Complete and submit the application and any attachments. If the applicant is not the property owner, the owner(s) must complete and sign the Designation of Agent. Staff cannot place this application on the agenda if it is incomplete and/or without the appropriate supportive documentation. Please use additional paper. Print or type your responses. Include an accurate plat, scaled plot/site plan, and any additional materials (i.e. photographs, elevation drawing with dimensions, or renderings). Plot/site plans must be no longer than 11 x 17, and show scale, tax map number, property owner/developer information, date, vicinity map, north arrow, property shape and dimensions, landscaping, screening and buffering, and location and size of existing and/or proposed structures, and drives. The plot/site plan must be designed by a registered land surveyor, landscape architect, or engineer.

Applicant: _____

Address: _____ City/State/Zip: _____

Tax Map Number: _____ Property Address: _____

Phone: _____ Cell: _____ Email: _____

Relationship to Property Owner: Same Lessee/Business Owner Contractor Other: _____

Designation of Agent: I/we hereby authorize the person named as Applicant to act on my/our behalf for the purpose of submitting and amending documents, meeting with staff, and attending public meetings/hearings.

Owner's Name (print) _____ Owner's Signature _____ Date _____

Witness (print) _____ Witness Signature _____ Date _____

Phone: _____ Email: _____

Zoning District: _____ List pertinent ordinance section: _____

Current property use: Residential Commercial Industrial Vacant Lot Area (sq ft)/acre of propose project: _____

1. I/we appeal the zoning official's decision to the Board of Zoning Appeals affecting the above property on the grounds that decision was erroneous and contrary to the provisions in accordance to the Ordinance in (cite article and section(s)) _____

2. I am/we are aggrieved by the action or decision in that (please provide a detail explanation): _____

3. I/we contend that the zoning official was in error in that: _____

4. I/we request the following relief: _____

5. Indicate (check the applicable) supportive documentation. plat (required) scaled plot/site plan (for new improvements) applicable permits/approvals photographs elevation drawings with dimensions renderings others (please list) _____

I attest to the best of knowledge the information and attachment(s) provided is accurate. The proposed activity does not contradict any restrictions and covenants. I authorize the subject property to be posted with a notice of the Board hearing.

Applicant Signature _____ Date _____